

APPLICATION FOR BUILDING INSURANCE

For use of this form, see AR 215-1; the proponent agency is OACSIM

1. TO: ARMY CENTRAL INSURANCE FUND U.S. ARMY COMMUNITY AND FAMILY SUPPORT CENTER ATTN: CFSC-FM-I 4700 KING STREET (Summit Centre) ALEXANDRIA, VA 22302-4406	2. FROM: (Activity, installation, and address)
---	---

PART A - ADMINISTRATIVE DATA

3. STANDARD NAF NUMBER	4. DATE OF REQUEST	5. REQUESTED EFFECTIVE DATE
6. TYPE OF FUND	7. DESCRIPTION OF ACTIVITY OR ACTIVITIES HOUSED IN THE BUILDING (Continue in remarks block, if necessary)	
8. BUILDING NO.	9. LOCATION	
10. CURRENT REPLACEMENT VALUE	11. ACTUAL CASH VALUE	12. NO. OF LANES, IF BOWLING CENTER

PART B - CONSTRUCTION DATA

13. TYPE <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	14. MATERIALS <table style="width: 100%;"><tr><td><input type="checkbox"/> FRAME</td><td><input type="checkbox"/> CONCRETE</td><td><input type="checkbox"/> OTHER (Specify) _____</td></tr><tr><td><input type="checkbox"/> QUONSET TYPE</td><td><input type="checkbox"/> MASONRY</td><td></td></tr></table>			<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OTHER (Specify) _____	<input type="checkbox"/> QUONSET TYPE	<input type="checkbox"/> MASONRY	
<input type="checkbox"/> FRAME	<input type="checkbox"/> CONCRETE	<input type="checkbox"/> OTHER (Specify) _____							
<input type="checkbox"/> QUONSET TYPE	<input type="checkbox"/> MASONRY								
15. NO. OF FLOORS	16. TOTAL FLOOR SPACE (SQ.ft.)	17. YEAR BUILT	18. SPRINKLER SYSTEM INSTALLED <input type="checkbox"/> YES <input type="checkbox"/> NO						
19. FIRE ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	20. FLUE & HOOD ALARM <input type="checkbox"/> YES <input type="checkbox"/> NO	21. SMOKE DETECTORS <input type="checkbox"/> YES <input type="checkbox"/> NO	22. AUTOMATIC EXTINGUISHER <input type="checkbox"/> YES <input type="checkbox"/> NO						
23. DISTANCE TO NEAREST FIRE HYDRANT (In feet)	24. DISTANCE TO NEAREST FIRE STATION (In miles)	25. PERCENTAGE OF FLOOR SPACE OCCUPIED BY THE ACTIVITY IN BLOCK 2.	26. PERCENTAGE OF FLOOR SPACE OCCUPIED BY OTHER TENANTS						
27. CONSTRUCTION FUNDS <input type="checkbox"/> APPROPRIATED <input type="checkbox"/> NONAPPROPRIATED <input type="checkbox"/> UNKNOWN			28. VALUE OF BUILDING IMPROVEMENTS PAID FROM NONAPPROPRIATED FUNDS						

29. REMARKS**30. FUND MANAGER OR DESIGNEE (Typed name, title, and telephone number)****31. SIGNATURE**